

Invoice Receipt

Business Name: _____

Address: _____

Phone: _____ Email: _____

Invoice # _____	Date: _____
Bill To: _____ _____ _____	

Description of Service/Product	Quantity	Unit Price	Total
_____	____	\$ _____	\$ _____
_____	____	\$ _____	\$ _____
Subtotal		\$ _____	
Tax		\$ _____	
Total		\$ _____	

Payment Method: Cash Check Credit Card Other

Amount Paid: \$ _____

Balance Due: \$ _____

Authorized Signature: _____

Date: _____

Thank you for your business!